

Federal Grant Applications

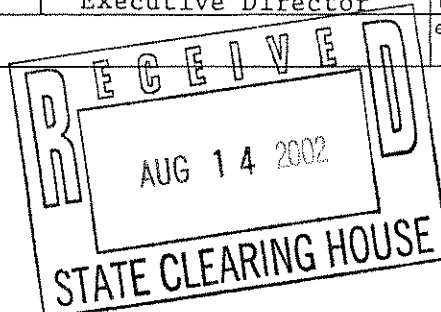
The following are Applications for Federal Assistance received by the State Clearinghouse from **August 1st through 16th, 2002**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 8, 2002		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: <u>The Yuba-Sutter Economic Development Corporation</u>			Organizational Unit: <u>Non-Profit Public Benefit 501 (c)3 Corporation</u>		
Address (give city, county, State, and zip code): <u>1300 Franklin Road</u> <u>Yuba City, CA 95993</u>			Name and telephone number of person to be contacted on matters involving this application (give area code) <u>Tim Johnson</u> <u>(530) 751-8555</u> <u>Executive Director</u>		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 68-0342145 </div>			7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Economic Development District</u> </div> </div>		
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____			9. NAME OF FEDERAL AGENCY: <u>US Dept. of Commerce</u> <u>Economic Development Administration</u>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>Economic Development</u> <div style="border: 1px solid black; padding: 0 5px;">11-302</div> TITLE: <u>Support for Planning Organizations</u>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Section 203 Planning Assistance Grant</u>		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): _____					
13. PROPOSED PROJECT					
14. CONGRESSIONAL DISTRICTS OF: <u>District #2 Wally Herger and District #3 Doug Ose</u>			a. Applicant <u>District 2 & 3</u>		
Start Date Ending Date <u>10-01-02</u> <u>09-30-03</u>			b. Project <u>District 2 & 3</u>		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal		\$ 50,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>08-08-02</u>		
b. Applicant		\$ 50,000 ⁰⁰	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
c. State		\$ ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
d. Local		\$ ⁰⁰			
e. Other		\$ ⁰⁰			
f. Program Income		\$ ⁰⁰			
g. TOTAL		\$ 100,000 ⁰⁰			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative		b. Title <u>Executive Director</u>		c. Telephone Number <u>(530) 751-8555</u>	
d. Signature of Authorized Representative 		e. Date Signed <u>08/08/02</u>			

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED

8/6/02

Applicant Identifier

1. TYPE OF SUBMISSION

Location

Preapplication

☐ Construction
☒ Non-Construction

☐ Construction
☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

5. APPLICANT INFORMATION

Legal Name: California Air Resources Board

Organizational Unit: Administrative Services Division

Address (give city, county, state, and zip code):
1001 I Street
P. O. Box 2815
Sacramento, CA 95812

Name and telephone number of the person to be contacted on matters involving this application (give area code)
Valinda Debbs, Administrative (916) 322-8201
Lynn Terry, Program (916) 322-2739

6. EMPLOYER IDENTIFICATION (EIN):
68-0288069

7. TYPE OF APPLICANT: (enter appropriate letter here) A
A. State H. Independent School District
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify): _____

8. TYPE OF APPLICATION:

New Continuation XX Revision
If Revision, enter appropriate letter(s) in box(es): ☐ A ☐
A. Increase Award B. Decrease Award
C. Increase Duration D. Decrease Duration
Other Specify: _____

9. NAME OF FEDERAL AGENCY:
Environmental Protection Agency

10. CATALOG OF FEDERAL
DOMESTIC ASSISTANCE NUMBER: 66.001

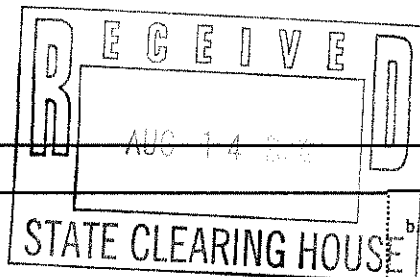
TITLE: Air Pollution Control Program Support

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Program for the control of air pollution emissions as mandated by state and federal law, review of local and regional air pollution control efforts, and other functions appropriate to achieve air quality standards.

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

State of California



13. PROPOSED PROJECT:

14. CONGRESSIONAL DISTRICT OF:

Start Date

End Date

10/1/01

9/30/02

a. Applicant:

03

b. Project

Statewide

15. Estimated Funding:

a. Federal	\$	7,905,276.00
b. Applicant	\$	20,515,127.00
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	28,420,403.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. X YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON:

DATE _____ Signature date _____

b. NO.
PROGRAM IS NOT COVERED BY E.O. 12372
OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

Typed Name of Authorized Representative.
Larry Morris

b. Title:
Chief, Administrative Services

c. Telephone Number
(916) 322-8198

d. Signature of Authorized Representative

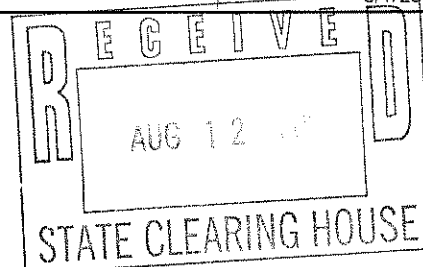
e. Date Signed

8/6/02

Org Name: NORTHEAST VALLEY HEALTH UDS Number: 091000

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 8/1/2002	Applicant Identifier 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier H80CS00139 H2DCS00103 H80CS00139														
5. APPLICANT INFORMATION																	
Legal Name: NORTHEAST VALLEY HEALTH CORP		Organizational Unit Name and telephone number of the person to be contacted on matters involving this application (give area code) KIMBERLY WYARD 818-898-1388															
Address (give city, county, state, and zip code) 1172 N MACLAY AVENUE SAN FERNANDO, CA 91340																	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 1237120632A1		7. TYPE OF APPLICANT (enter appropriate letter in box) N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Public Non-Profit</u>															
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> A. Increase Award D. Decrease Duration B. Decrease Award Other (specify): C. Increase Duration		9. NAME OF FEDERAL AGENCY: HHS, BPHC															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">HEALTH SERVICES FOR THE HOMELESS</td><td style="width: 50%;"></td></tr> <tr><td> </td><td> </td></tr> <tr><td>COMMUNITY HEALTH CENTERS</td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		HEALTH SERVICES FOR THE HOMELESS				COMMUNITY HEALTH CENTERS				11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Continuation Project: 1) Community Health Center 2) Health Care for Homeless							
HEALTH SERVICES FOR THE HOMELESS																	
COMMUNITY HEALTH CENTERS																	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): LA County, San Fernando Valleys & Santa Clarita																	
13. PROPOSED PROJECT: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Start Date 12/01/2002</td> <td style="width: 50%;">Ending Date 11/30/2003</td> </tr> </table>		Start Date 12/01/2002	Ending Date 11/30/2003	14. CONGRESSIONAL DISTRICTS OF <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">a. Applicant 26</td> <td style="width: 50%;">b. Project 24, 25, 26, 27</td> </tr> </table>		a. Applicant 26	b. Project 24, 25, 26, 27										
Start Date 12/01/2002	Ending Date 11/30/2003																
a. Applicant 26	b. Project 24, 25, 26, 27																
15. ESTIMATED FUNDING: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">a. Federal</td><td style="width: 50%;">6,524,575.00</td></tr> <tr><td>b. Applicant</td><td>0.00</td></tr> <tr><td>c. State</td><td>7,758,407.00</td></tr> <tr><td>d. Local</td><td>4,456,971.00</td></tr> <tr><td>e. Other</td><td>1,009,735.00</td></tr> <tr><td>f. Program Income</td><td>12,169,254.00</td></tr> <tr><td>g. TOTAL</td><td>31,918,942.00</td></tr> </table>		a. Federal	6,524,575.00	b. Applicant	0.00	c. State	7,758,407.00	d. Local	4,456,971.00	e. Other	1,009,735.00	f. Program Income	12,169,254.00	g. TOTAL	31,918,942.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>08/01/2002</u> b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW	
a. Federal	6,524,575.00																
b. Applicant	0.00																
c. State	7,758,407.00																
d. Local	4,456,971.00																
e. Other	1,009,735.00																
f. Program Income	12,169,254.00																
g. TOTAL	31,918,942.00																
17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <div style="border: 1px solid black; padding: 5px; display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes If "Yes", attach an explanation <input checked="" type="checkbox"/> No </div>																	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. Typed Name of Authorized Representative KIMBERLY WYARD		b. Title CEO															
		c. Telephone Number (818) 898-1388															
d. Signature of Authorized Representative Electronically Signed by: Kimberly Wyard		e. Date Signed 8/1/2002															



Application for Federal Education Assistance (ED 424)



U.S. Department of Education

 Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

Name and Address

Legal Name: East Side Union High School DistrictAddress: 830 North Capitol AvenueSan Jose

City

CA

State

Santa Clara

County

95133

ZIP Code + 4

Applicant's D-U-N-S Number 0 8 2 9 1 3 5 6 7Applicant's T-I-N 9 4 - 2 8 6 4 8 1 4Catalog of Federal Domestic Assistance #: 84. 1 8 4 BTitle: Office of Elementary and Secondary EducationSafe and Drug-Free Schools Program/Mentoring ProgramsProject Director: Kay BanchemoAddress: 6150 Snell AvenueSan Jose

City

CA

State

95123

Zip code + 4

Tel #: (408) 347 - 6254 Fax #: (408) 347 - 6215

E-Mail Address: banchemok@exchange.esuhdsd.org

Application Information

Type of Submission:

PreApplicationApplicationConstructionConstructionNon-ConstructionX Non-Construction
 Is application subject to review by Executive Order 12372 process?
X Yes (Date made available to the Executive Order 12372
 process for review): 7 / 1 / 2002
No (If "No," check appropriate box below.)

Program is not covered by E.O. 12372.
Program has not been selected by State for review.

 Proposed Project Dates: 10 / 15 / 2002 10 / 15 / 2005
 Start Date: End Date:

Estimated Funding

 a. Federal \$ 485,000.00
 Applicant \$ 36,000.00
 State \$ 000,000.00
 Local \$ 000,000.00
 Other \$ 000,000.00
 Program Income \$ 000,000.00
TOTAL \$ 521,000.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true and correct. The document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Mr. Joe Cotob. Title: Superintendentc. Tel #: (408) 347 - 5010 Fax #: (408) 347 - 6215d. E-Mail Address: cotoj@exchange.esuhdsd.org

e. Signature of Authorized Representative

Date: 00 / 17 / 20026. Novice Applicant X Yes No
 7. Is the applicant delinquent on any Federal debt? Yes X No
 (If "Yes," attach an explanation.)
8. Type of Applicant (Enter appropriate letter in the box.) F
 A - State
 B - Local
 C - Special District
 D - Indian Tribe
 E - Individual
 F - Independent School District
 G - Public College or University
 H - Private, Non-profit College or University
 I - Non-profit Organization
 J - Private, Profit-Making Organization

K - Other (Specify):

 12. Are any research activities involving human subjects planned at any time during the proposed project period?
 Yes (Go to 12a.) X No (Go to item 13.)

 12a. Are all the research activities proposed designated to be exempt from the regulations?
 Yes (Provide Exemption(s) #):
 No (Provide Assurance #):

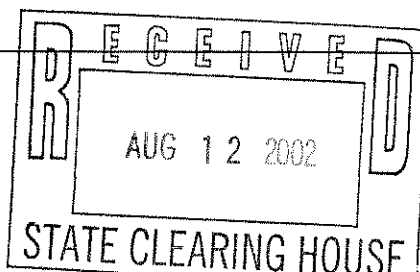
13. Descriptive Title of Applicant's Project:

Santa Teresa High School STYLE Mentor Program

OMB Approval No. 0348-0043

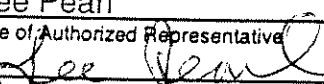
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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102



APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 8, 2002	Applicant Identifier State Application Identifier Federal Identifier														
5. APPLICANT INFORMATION																	
Legal Name: Hi-Desert Water District		Organizational Unit:															
Address (give city, county, State, and zip code): 55439 29 Palms Hwy Yucca Valley, CA 92284		Name and telephone number of person to be contacted on matters involving this application (give area code) Lee Pearl or Pat Grady, (760) 365-8333															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-2303211		7. TYPE OF APPLICANT: (enter appropriate letter in box) <table style="width:100%;"> <tr> <td>A. State</td> <td>H. Independent School Dist.</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other (Specify) _____</td> </tr> </table>		A. State	H. Independent School Dist.	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other (Specify) _____
A. State	H. Independent School Dist.																
B. County	I. State Controlled Institution of Higher Learning																
C. Municipal	J. Private University																
D. Township	K. Indian Tribe																
E. Interstate	L. Individual																
F. Intermunicipal	M. Profit Organization																
G. Special District	N. Other (Specify) _____																
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: Warren Valley Basin 66-606 TITLE: Recharge/Reuse Project		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: This phase consists of the construction of one water production well and three water quality monitoring wells.															
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Yucca Valley, San Bernardino County, State of California		13. PROPOSED PROJECT															
14. CONGRESSIONAL DISTRICTS OF: a. Applicant Congressman Jerry Lewis, District 40 b. Project None		AUG 9 2002															
15. ESTIMATED FUNDING: <table style="width:100%;"> <tr> <td>a. Federal</td> <td>\$ 242,500</td> </tr> <tr> <td>b. Applicant</td> <td>\$ 231,530 (waiver pending)</td> </tr> <tr> <td>c. State</td> <td>\$</td> </tr> <tr> <td>d. Local</td> <td>\$</td> </tr> <tr> <td>e. Other</td> <td>\$</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 474,030</td> </tr> </table>		a. Federal	\$ 242,500	b. Applicant	\$ 231,530 (waiver pending)	c. State	\$	d. Local	\$	e. Other	\$	f. Program Income	\$	g. TOTAL	\$ 474,030	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? Yes a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE August 8, 2002 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 242,500																
b. Applicant	\$ 231,530 (waiver pending)																
c. State	\$																
d. Local	\$																
e. Other	\$																
f. Program Income	\$																
g. TOTAL	\$ 474,030																
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.															
a. Type Name of Authorized Representative Lee Pearl		b. Title General Manager															
c. Telephone Number (760) 365-8333		d. Signature of Authorized Representative 															
e. Date Signed 8-6-02		Previous Edition Usable Authorized for Local Reproduction															

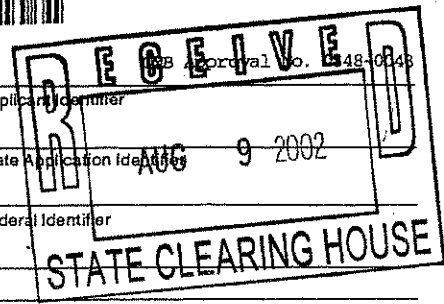
APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		August 7, 2002	AUG - 8 2002 SB
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
County of Colusa		Colusa County Airport	
Address (give city, county, State, and zip code):		Name and telephone number of person to be contacted on matters involving this application (give area code)	
100 Sunrise Blvd., Suite F Colusa, CA 95932		Harry A. Krug, 530-458-0580	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
94-6000508		A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION:		9. NAME OF FEDERAL AGENCY:	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		Federal Aviation Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
20-106		Land Acquisition - 8.1 Acres for Runway Protection Zone	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			
Colusa County			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
9/1/02	6/30/03	Doug Ose - Third District	Doug Ose - Third District
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 216,900.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$ 13,255.00	DATE _____	
c. State	\$ 10,845.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ 0.00	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$ 0.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 241,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative	b. Title	c. Telephone Number	
Harry A. Krug	Director of Airport Operations	530-458-0580	
d. Signature of Authorized Representative	e. Date Signed		
<i>Harry A. Krug</i>	8/9/02		

Application for Federal Assistance



03



1. Type of Submission Application Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. Date Submitted (mm/dd/yyyy) 07/30/2002	3. Date Received by State (mm/dd/yyyy) AUG 9 2002																												
4. Date Received by Federal Agency (mm/dd/yyyy)		5. Applicant Information Legal Name Fremont Vista Retirement Homes, L.P. Address (give city, county, State, and zip code) 40268 Dolerita Avenue Fremont, Alameda County California 94539																													
6. Employer Identification Number (EIN) (xx-yyy-yy-yy) 94 - 3390900		7. Type of Applicant (enter appropriate letter in box) M A. State J. Private University B. County K. Indian Tribe C. Municipal L. Individual D. Township M. Profit Organization E. Interstate N. Nonprofit F. Inter-municipal O. Public Housing Agency G. Special District P. Other (Specify) H. Independent School Dist. I. State Controlled Institution of Higher Learning																													
8. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify)		9. Name of Federal Agency See attached																													
10. Catalog of Federal Domestic Assistance Number (xx-yyy) Title: 14 - 129 Mortgage Insurance		11. Descriptive Title of Applicant's Project Fremont Vista 130 Bed Residential Care Facility Located in Fremont, California See attached Form HUD-92013 and location map for further description																													
12. Areas Affected by Project (cities, counties, States, etc.) City of Fremont Alameda County, California		13. Proposed Project Start Date (mm/dd/yyyy) 11/01/2002 Ending Date (mm/dd/yyyy) 03/01/2004																													
14. Congressional Districts of a. Applicant 13 - California b. Project 13 - California		15. Estimated Funding <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:40%;">13,892,000</td> <td style="width:10%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>2,380,000</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. Total</td> <td>\$</td> <td>16,272,000</td> <td>.00</td> </tr> </table>		a. Federal	\$	13,892,000	.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$	2,380,000	.00	e. Other	\$.00	f. Program Income	\$.00	g. Total	\$	16,272,000	.00
a. Federal	\$	13,892,000	.00																												
b. Applicant	\$.00																												
c. State	\$.00																												
d. Local	\$	2,380,000	.00																												
e. Other	\$.00																												
f. Program Income	\$.00																												
g. Total	\$	16,272,000	.00																												
16. Is Application Subject to Review by State Executive Order 12372 Process? a. Yes This pre-application/application was made available to the State Executive Order 12372 Process for review on: Date (mm/dd/yyyy) 07/30/2002 / b. No <input type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> Program has not been selected by State for review.		17. Is the Applicant Delinquent on Any Federal Debt? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No																													
18. To the best of my knowledge and belief, all data in this application/pre-application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.																															
a. Typed Name of Authorized Representative Chen, Guan Chung, President		b. Title Horizon Vista Corp., G.P.																													
c. Telephone Number (Include Area Code) (510) 657-7229		d. Signature of Authorized Representative 																													
e. Date Signed (mm/dd/yyyy) 07/26/2002		f. Previous Edition Usable Authorized for Local Reproduction																													

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED
8/07/02

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

1. TYPE OF SUBMISSION:

☐ Application
☐ Construction

Preapplication

☐ Construction

☒ Non-Construction

☐ Non-Construction

5. APPLICANT INFORMATION

Legal Name:

Community Housing Improvement Program, Inc.

Organizational Unit:

N/A

Address (give city, county, state, and zip code):

1001 Willow Street
Chico, CA 95928

Name and telephone number of the person to be contacted on matters involving this application (give area code)

Imelda Michel
(530) 891-6931

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 4 - 2 2 2 3 3 9 8

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award B. Decrease Award C. Increase Duration

D. Decrease Duration Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

☒ N

- A. State H. Independent School Dist.
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify) Non-Profit Corporation

9. NAME OF FEDERAL AGENCY:

Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 4 2 0

NOTE: Rural Self-Help Housing
Technical Assistance

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

New application for funding of Rural
Self-Help Housing Technical Assistance
for building of an estimated 100
equivalent units in the two year period
2003-2005.

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Butte, Glenn, Shasta, & Tehama Counties
State of California

13. PROPOSED PROJECT:

Start Date

Ending Date

2/03 est.

3/05 est.

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

2nd CD California

b. Project

2nd CD California

15. ESTIMATED FUNDING:

a. Federal	\$ 1,700,000	.00
b. Applicant	\$.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g. TOTAL	\$ 1,700,000	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE
STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE August 7, 2002

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN ONLY
AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative

David Ferrier

b. Title

Executive Director

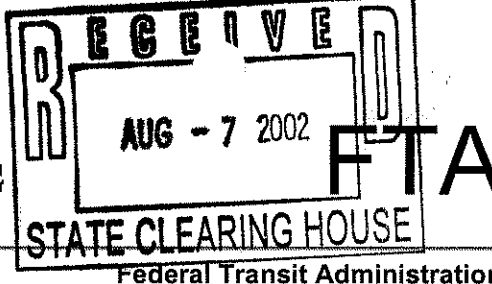
c. Telephone number

(530) 891-6931

d. Signature of Authorized Representative

e. Date Signed

August 7, 2002

DOT

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance

Recipient ID:	5551
Recipient Name:	FOOTHILL TRANSIT
Project ID:	CA-40-X019
Budget Number:	1 - Budget Pending Approval
Project Information:	Emergency Preparedness Drill

Part 1: Recipient Information

Project Number:	CA-40-X019
Recipient ID:	5551
Recipient Name:	FOOTHILL TRANSIT
Address:	100 NORTH BARRANCA ST. SUITE 100, WEST COVINA, CA 91791 1600
Telephone:	(626) 967-2274
Facsimile:	(626) 915-1143

Union Information

Recipient ID:	5551
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave. N.W.
Address 2:	
City:	Washington, D.C., MD 20016 4139
Contact Name:	James La Sala
Telephone:	(202) 537-1645
Facsimile:	(202) 244-7824

Recipient ID:	5551
Union Name:	TRANSPORTATION COMMUNICATION UNION (TCU)
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850 0000
Contact Name:	Robert Scardelletti

Telephone:	(301) 948-4910
Facsimile:	(301) 948-1369

Recipient ID:	5551
Union Name:	UNITED TRANSPORTATION UNION (UTU)
Address 1:	14600 Detroit Ave.
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Bernie Mc Nelis
Telephone:	(216) 228-9400
Facsimile:	(216) 228-5755

Recipient ID:	5551
Union Name:	INTERNATIONAL BROTHERHOOD TEAMSTER
Address 1:	25 Louisiana Ave. N.W.
Address 2:	
City:	Washington, D.C., MD 20001 0000
Contact Name:	James Hoffa
Telephone:	(202) 624-6800
Facsimile:	(202) 624-8110

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$25,000
Project Number:	CA-40-X019	Adjustment Amt:	\$0
Project Description:	Emergency Preparedness Drill	Total Eligible Cost:	\$25,000
Recipient Type:	City	Total FTA Amt:	\$25,000
FTA Project Mgr:	Jack Ottomanelli	Total State Amt:	\$0
Recipient Contact:	Gil Victorio	Total Local Amt:	\$0
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	None Specified	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	.	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Aug. 01, 2002 - Jun. 30, 2003	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt	
Review Date:	None Specified		
Planning Grant?:	NO		

Program Date (STIP/UPWP/FTA Prm Plan) :	Apr. 30, 2003	Authority?:	No
Program Page:	.	Final Budget?:	No
Application Type:	Electronic		
Supp. Agreement?:	No		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60000	CALIFORNIA
60020	LOS ANGELES, CA

Congressional Districts

State ID	District Code	District Official
6	28	David Dreier
6	31	Hilda L Solis
6	34	Grace F Napolitano
6	41	Gary G Miller

Project Details

Foothill provides public transportation services to San Gabriel and Pomona Valleys in Los Angeles County, California. The organization operates 27 lines throughout the 21 cities in the L.A. County. The cities are Arcadia, Azuza, Baldwin Park, Bradbury, Claremont, Covina, Diamond Bar, Duarte, El Monte, Glendora, Industry, Irwindale, La Puente, La Verne, Monrovia, Pomona, San Dimas, South El Monte, Temple City, Walnut and West Covina. Within the Foothill Transit service area, there are three other transit agencies providers that are operating in the project location. The transit operators are: Metropolitan Transit Authority, Omni Trans and Montebello Bus Lines.

Foothill Transit's most unique feature is that it has no employees - both its management and operations are provided under contract to private enterprises. Administration is contracted to ATC/Forsythe and Associates. Operations and maintenance are contracted to Laidlaw Transit, Inc. and First Transit, Inc. The contractors' names, addresses, phone and fax numbers are as follows:

ATC/Forsythe & Associates
One Mid America Plaza, Suite 401
Oakbrook Terrace, IL 60181
Tel. (630) 571-7070
Fax (630) 571-6454

Laidlaw Transit Services
5360 College Blvd.
Suite 200
Overland Park, Kansas 66211
Tel. (800) 821-3451
Fax (913) 345-9974

First Transit, Inc.
 705 Central Avenue
 Suite 500
 Cincinnati, OH 45202
 Tel. (513) 241-2200
 Fax (513) 381-0149

Please note that the congressional districts were verified.

Foothill Transit respectfully request funding for Emergency Preparedness Drill through this grant application. This grant application for \$25,000 is under the 2001 Emergency Supplemental Appropriations Act for Recover from and Response to Terrorist Attacks on the United States of America, Public Law 107-38. A brief description of the project is attached in the 'Project Detail' section of this grant application.

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
<u>SCOPE</u>			
572-00 SECURITY	1	\$25,000	\$25,000
<u>ACTIVITY</u>			
57.20.01 Emergency Preparedness Drill	1	\$25,000	\$25,000
Estimated Total Eligible Cost:			\$25,000
Federal Share:			\$25,000
Local Share:			\$0

OTHER (Scopes and Activities not included in Project Budget Totals)

None

No Amendment Funding Source information is available for the selected project

Alternative Fuel Codes

Extended Budget Descriptions

57.20.01	Emergency Preparedness Drill	1	\$25,000	\$25,000
Foothill Transit will conduct a drill of as bus hi-jacking or situation where mysterious package was left aboard the bus.				

APPLICATION FOR
FEDERAL ASSISTANCE

TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 3/28/02	Applicant Identifier State Application Identifier: 7 2002 Federal Identifier
3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY	
STATE CLEARING HOUSE			
5. APPLICANT INFORMATION Legal Name: City of Inglewood		Organizational Unit: Dept. of Recreation, Parks, Community Svcs.	
Address (give city, county, State, and zip code): One Manchester Blvd., Inglewood, CA Los Angeles County 90801		Name and telephone number of person to be contacted on matters involving this application (give area code): Matt Robinson 310-412-8750	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 915-6000728		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> C A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: National Park Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: UPARR 15-919 TITLE: Urban Park & Recreation Recovery		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rehabilitation of 3 children's playgrounds in Inglewood, CA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Inglewood, CA			
13. PROPOSED PROJECT Start Date: 10/01/02 Ending Date: 10/01/04		14. CONGRESSIONAL DISTRICTS OF: Maxine Waters -- U.S. House of Representatives District # 35	
15. ESTIMATED FUNDING:		b. Project: Rehabilitation of playgrounds	
a. Federal 85% \$ \$89,250.00 b. Applicant \$ c. State 15% \$ \$15,750.00 d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ \$105,000.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8/7/02 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Type Name of Authorized Representative Roosevelt F. Dorn		b. Title Mayor	
c. Telephone Number 310-412-5300		d. Signature of Authorized Representative Roosevelt F. Dorn	
e. Date Signed 03-21-02			

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Applicant Identifier N/A	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier N/A	

RECEIVED
 AUG - 6 2002
 N/A
STATE CLEARING HOUSE

5. APPLICANT INFORMATION	
Legal Name: Los Angeles County Sheriff's Department	Organizational Unit:
Address (give city, county, state, and zip code): 4700 Ramona Boulevard Monterey Park, CA 91754	Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Gerald Cooper Phone: 3232673476
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 956000927	7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> B <input type="checkbox"/> F
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):	A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)
9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Interoperability Study for the Los Angeles Regional Operations and Communications Center
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 6 . 7 1 0 TITLE: 2002 Technology Initiative	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Los Angeles County, Its constituent cities	
13. PROPOSED PROJECT: Start Date: 10/01/2001 Ending Date: 9/30/2002	14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 24 through 37; 41 b. Project: 24 through 37; 41
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 1000000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8-6-02
b. Applicant \$ 0.00	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372
c. State \$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ 0.00	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ 0.00	
g. TOTAL \$ 1,000,000.00	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Typed Name of Authorized Representative Leroy D. Baca	b. Title Sheriff
d. Signature of Authorized Representative <i>Leroy D. Baca</i>	c. Telephone number 323-526-5000
	e. Date Signed 7-19-02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 8/5/02		Applicant Identifier N/A	
<i>Preapplication</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Applicant Identifier N/A	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier N/A	

5. APPLICANT INFORMATION Legal Name: Fairfield Police Department Address (give city, county, state, and zip code): 1000 Webster Street Fairfield, CA 94533		Organizational Unit: Name and telephone number of person to be contacted on matters involving this application (give area code) Name: Betsy Renner Phone: 7074284335	
--	--	---	--

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 946000331	7. TYPE OF APPLICANT: (enter appropriate letter in box) C A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____
---	---

8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____	9. NAME OF FEDERAL AGENCY: Department of Justice Office of Community Oriented Policing Services
---	--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; align-items: center; gap: 5px;"> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">6</div> <div style="border: 1px solid black; padding: 2px 5px;">7</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> </div> TITLE: 2002 Technology Initiative	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Solano County Regional Law Enforcement Training Center
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12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): City of Fairfield, Vallejo, Benicia Solano and Napa County		13. PROPOSED PROJECT:	
---	--	------------------------------	--

14. CONGRESSIONAL DISTRICTS OF: a. Applicant Mike Thompson George Miller	b. Project
--	------------

15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:70%; text-align: right;">500000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">47,900.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">547,900.00</td> </tr> </table>	a. Federal	\$	500000.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$	47,900.00	f. Program Income	\$.00	g. TOTAL	\$	547,900.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8/5/02 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$	500000.00																				
b. Applicant	\$.00																				
c. State	\$.00																				
d. Local	\$.00																				
e. Other	\$	47,900.00																				
f. Program Income	\$.00																				
g. TOTAL	\$	547,900.00																				

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
--	--	--

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Typed Name of Authorized Representative Betsy Renner	b. Title Administration Division Mgr.	c. Telephone number (707) 428-7335
d. Signature of Authorized Representative 		e. Date Signed 8/1/02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 31 July 02	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: Allen J. Watkins Address (give city, county, State, and zip code): P.O. Box 61863 Los Angeles, CA 90061 (Los Angeles) County		Organizational Unit: Exodus Community Development Corporation Name and telephone number of person to be contacted on matters involving this application (give area code) A.J. Watkins 323-293-4745 / 323-789-7057																												
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 51-0415824	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Nonprofit </div> </div> <div style="text-align: right; margin-top: -20px;"> <input checked="" type="checkbox"/> N </div>																													
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between;"> <div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 2 - 2002 STATE OF CALIFORNIA HOUSE </div> </div>		9. NAME OF FEDERAL AGENCY: Economic Development Administration																												
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-307 TITLE: Economic Adjustment Assistance		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Real Property Project																												
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Los Angeles County & Surrounding Area																														
13. PROPOSED PROJECT Community Development Start Date: 09/02 Ending Date: N/A	14. CONGRESSIONAL DISTRICTS OF: 24-41 Located in Juanita Millender Mc Donald 37 th Carson, CA a. Applicant: Exodus C.D.C. b. Project: Community Development																													
15. ESTIMATED FUNDING: \$ 10,127,438.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 31 July 02 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td>\$</td><td>10,127,438</td><td>00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td>0</td><td>00</td></tr> <tr><td>c. State</td><td>\$</td><td>0</td><td>00</td></tr> <tr><td>d. Local</td><td>\$</td><td>0</td><td>00</td></tr> <tr><td>e. Other</td><td>\$</td><td>0</td><td>00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td>0</td><td>00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td>10,127,438</td><td>00</td></tr> </table>		a. Federal	\$	10,127,438	00	b. Applicant	\$	0	00	c. State	\$	0	00	d. Local	\$	0	00	e. Other	\$	0	00	f. Program Income	\$	0	00	g. TOTAL	\$	10,127,438	00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No
a. Federal	\$	10,127,438	00																											
b. Applicant	\$	0	00																											
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g. TOTAL	\$	10,127,438	00																											
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																														
a. Type Name of Authorized Representative A.J. Watkins	b. Title CEO	c. Telephone Number 323-293-4745																												
d. Signature of Authorized Representative		e. Date Signed																												

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 31 July 02	Applicant Identifier																					
		3. DATE RECEIVED BY STATE	State Application Identifier																					
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																					
5. APPLICANT INFORMATION																								
Legal Name: A J Watkins		Organizational Unit: Exodus Community Development Corporation																						
Address (give city, county, State, and zip code): P.O. Box 61263 Los Angeles, CA 90061 (L.A. County)		Name and telephone number of person to be contacted on matters involving this application (give area code) A J Watkins (323) 293-4745																						
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">11-3102</div> TITLE: <u>Economic Development Support For Planning</u>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>Real Property Project</u>																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>LA, Orange, Riverside, San Bernardino Counties</u>		13. PROPOSED PROJECT <u>Community Development</u> Start Date: <u>09/02</u> Ending Date: <u>N/A</u>																						
14. CONGRESSIONAL DISTRICTS OF: a. Applicant: <u>Exodus</u> b. Project: <u>Community Development Corp.</u>		15. ESTIMATED FUNDING: <u>\$10,127,438.00</u>																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>a. Federal</td><td>\$</td><td style="text-align: right;">0.00</td></tr> <tr><td>b. Applicant</td><td>\$</td><td style="text-align: right;">0.00</td></tr> <tr><td>c. State</td><td>\$</td><td style="text-align: right;">0.00</td></tr> <tr><td>d. Local</td><td>\$</td><td style="text-align: right;">0.00</td></tr> <tr><td>e. Other</td><td>\$</td><td style="text-align: right;">0.00</td></tr> <tr><td>f. Program Income</td><td>\$</td><td style="text-align: right;">0.00</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td style="text-align: right;">10,127,438.00</td></tr> </table>		a. Federal	\$	0.00	b. Applicant	\$	0.00	c. State	\$	0.00	d. Local	\$	0.00	e. Other	\$	0.00	f. Program Income	\$	0.00	g. TOTAL	\$	10,127,438.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>31 July 02</u> b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
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a. Type Name of Authorized Representative <u>AJ Watkins</u>		b. Title <u>CEO</u>																						
c. Telephone Number <u>323-293-4745</u>		d. Signature of Authorized Representative <u>[Signature]</u>																						
e. Date Signed																								